

**FORT BEND COUNTY COMMISSIONERS COURT
7TH FLOOR, WM. B. TRAVIS BUILDING, RICHMOND, TEXAS
TUESDAY, September 18, 2012**

1:30PM

**1115 Medicaid Waiver – Delivery System Reform Incentive Payment (DSRIP) Program
Status Update – Fort Bend County**

AGENDA

OVERVIEW – M. desVignes-Kendrick, MD – Director, FBCHHS

REPORT FROM WORKGROUPS

Behavioral Health – Connie Almeida, PhD, LSSP, Director of FBC Behavioral Health Services

Access to Care - Kaye Reynolds, MPH, Deputy Director, FBCHHS

COST/VALUATION – Ed Sturdivant – Fort Bend County Auditor

CLOSING REMARKS – Commissioner Richard Morrison

OVERVIEW – FBC-DSRIP – M. desVignes-Kendrick, MD – 09/18/2012

Key Points

- Waiver is approved thru 09/30/2016
- Harris County Hospital District is the Anchor for this region (RHP3)
- \$13 M is available to FBC over 4 years (\$3.25M cap each year)

- **FBC is approved to participate as:**
 - IGT Provider (fund the non-federal share of DSRIP payments)
 - Performing Provider (receive funds for DSRIP projects)
 - Performing Provider must have current Medicaid Provider Identification Number
- **Process – Stakeholder and Workgroup Meetings**
 - Needs identified and prioritized
- **Key Outcome Criteria that must be met:**
 - Increased care for individuals (increased access to care, improved quality of care, enhanced health of patients and families served)
 - Improved care for population
 - Lower costs through improvements
- **Initiative Categories - Initiatives must align with these 4 categories**
 - Infrastructure development (technology, tools, HR...)
 - Program innovation and redesign (piloting, testing...)
 - Quality improvements (outcome reporting, improvements in care)
 - Population-focused improvements (reporting of measures that demonstrate the impact of delivery system reform investments)
- **Key reporting requirements to receive payments**
 - Milestones and Metrics (payments are based on % of metrics achieved)
 - Reporting (2x/yr)
- **Key elements of submitted projects**
 - identify project, objectives, specific milestones, metrics, measures, associated DSRIP values
- **What's happened to date: 3 IGTs submitted a total of 19 projects**
 - FBC -3 (* FBC is eligible to receive \$13M over 5 years)
 - OBMC -11
 - Texana – 5
- **Key Upcoming Dates:**
 - Friday, October 5 -IGT Plans due to Anchor
 - Friday, October 19 -RHP3 Plans due to HHSC
 - Wednesday, Oct 31 -Final DSRIP Plans due to CMS

Fort Bend County

Project Title: Crisis Response and Intervention

1115 DSRIP – Behavioral Health

Develop a **coordinated** early crisis response and intervention system for adults and children with **behavioral health disorders** that prevents unnecessary use of services in the emergency room, urgent care and the criminal justice system.

We propose to develop a crisis system that better identifies people with behavioral health needs, responds to those needs and links persons with the most appropriate level of care. Our goal is to keep individuals healthy and safe, develop processes and interventions to manage challenging behaviors, and avoid unnecessary use of the emergency room, hospitalization or incarceration.

The Fort Bend County DSRIP project will focus on:

1. the enhancement of our 911 dispatch system to identify and respond to behavioral health crises
2. the development of a specialized crisis intervention team (CIT) within our Sheriff's Office and
3. enhancing cross systems training and linkages to appropriate services.

These programs will interface with the crisis interventions services available through the Local Mental Health Authority (Texana Center). This project will also interface with "care management" and the "increased access to community providers" DSRIP projects to promote coordination of care, integration of psychological and behavioral health, and access to appropriate level of follow-up care.

Fort Bend County Crisis Response and Intervention

- Enhanced Dispatch System** - develop protocols and training to ensure proper identification of 911 mental health calls and linkage with most appropriate response team(s).
- Specialized Law Enforcement Response Unit (CIT)**
The Crisis Intervention Team (CIT) is a first-responder model of police-based crisis intervention with community, health care, and advocacy partnerships.
- Development of cross-training protocols, policies and agreements to better identify persons needing behavioral health care that come into contact with our first responders and to link persons with the appropriate resources in a timely manner.
- Link patients with mental illness to a medical home or other care management program
- Develop transition services and supports

Fort Bend County

Crisis Response and Intervention

Expected Outcomes

- A decrease in the number of admission to the ER for person with behavioral health needs
- A decrease in the number of incarcerations for person with mental illness involved in misdemeanors offenses and non violent crimes
- Decrease in the number of EMS responses and transports for persons with behavioral health needs
- Increased identification of behavioral health needs among crisis calls
- Increased coordination with medical care
- Increased identification and coordination with community based resources
- Redirect persons with behavioral health disorders from criminal justice and emergency rooms to the appropriate health care services
- Improve officer and consumer safety
- A decrease in number of multiple first responders responding to mental health / behavioral health emergencies

Fort Bend County

Project Title: Increase Access to Community Based Providers

1115 Waiver – Behavioral Health

Goal : Increase access to community based providers for children and adults with behavioral health disorders to support well-being and recovery.

This system would promote the use of community based services, support well being and recovery, and reduce unnecessary use of ER, hospitalization or 911 system.

The Fort Bend County DSRIP project will include the following components:

1. Collaboration with community organization (e.g., MHA, NAMI, YMCA) and behavioral health services providers (e.g., Texana, Fort Bend Regional Council, Fort Bend Family Health, hospitals) to increase awareness about existing services, expand the array of services, and promote the coordination of services
2. Work collaboratively to remove barriers to accessing care (e.g., transportation, language)
3. Develop referral and resources list for high risk populations especially those being discharged from the emergency room or institutional care
4. Work collaboratively to expand the use of electronic media to facilitate access to services, coordination of services and patient feedback
1. Work with partners (e.g., Universities) to expand training of behavioral health workforce
2. Promote the integration of psychical and behavioral health services (e.g., co-location of services, training and access to information)

Fort Bend County

Increase Access to Community Based Providers

Expected Outcomes

- Increased collaboration and cross systems training (e.g., EMS, Social Services, HHS, CIT/ Law enforcement, Fort bend Family Health, Texana, MHA, NAMI)
- Coordinated and accessible information (web based resources)
- Increase the array of services identified for persons with behavioral health disorders that support well-being and recovery (e.g., MHA, NAMI, Social Services, Veteran’s Administration, Texana, YMCA, Fort Bend Family Health)
- Referral/ resource lists available for high risk populations

Access to Care

Goal :

To develop a care management model that incorporates patients who currently over utilize the hospital Inpatient and Emergency Room, as well as EMS transport, for conditions that could be effectively managed at a community health center on a routine basis, thus reducing the burden on the higher level services.

Access to Care Components

The Access to Care model includes:

1. Indigent Health Care, Medicaid and uninsured patients who are frequent or inappropriate users of EMS and hospital ERs or who have repeat admissions to the hospital would be referred into a care management system based in the Federally Qualified Health Center.
 - Care management would include assistance with making and keeping outpatient appointments
 - Assistance with medication needs and medication compliance
 - Dietary and exercise education
 - Transportation if needed
 - Connection to Social Services for other needs.

Access to Care Components (cont.)

2. Development of an after hours “Ask the Nurse” type of hotline would be developed to allow access to the care management system, to include:
 - Assessment
 - Coaching
 - Appointment settingwith the goal of avoiding the use of higher level resources such as EMS and ER
3. Development of a system utilizing the Advanced Practice Paramedic model to respond to urgent, but non-emergent calls to the homes of the clients identified in the care management model to provide assessment and care at a lower level than EMS transport / ER visit and potential inpatient stay.
4. Enhancement of our 911 dispatch system to identify and respond with the lowest level of resource appropriate to the situation

Expected Outcomes

- Reduced use of EMS transport for non-emergent and chronic conditions
- A decrease in the number of ER visits for persons with non-emergent needs
- Improved compliance with best practices to prevent illness episodes due to chronic conditions
- Increased coordination of medical care when hospitalization is needed
- Reduced repeat admissions for the same complaint especially within 30 days

Fort Bend County

1115 Waiver

Budget for Crisis Intervention Team Initiative

CIT Division - Year One			
Position - Sargent	1	54,017	54,017
Operating supplies	1	4,097	4,097
Property & Equipment	1	3,352	3,352
Vehicle	1	50,360	50,360
Position - Deputy	9	40,132	361,188
Operating supplies	9	2,910	26,190
Property & Equipment	9	6,249	56,241
Vehicle	5	50,140	250,700
Dispatch Software Upgrade	1	133,509	133,509
CIT 40 hour training	23	40	920
EMD & EPD Dispatch New Hire Training	8	295	2,360
Crisis Communication Training	23	60	1,380
Total CIT Division - Year One			<u>944,314</u>
CIT Division - After Year One			
Position - Sargent	1	54,017	54,017
Operating supplies	1	4,097	4,097
Property & Equipment	1	3,352	3,352
Position - Deputy	9	40,132	361,188
Operating supplies	9	2,910	26,190
Property & Equipment	9	6,249	56,241
Dispatch Software Maintenance	1	20,000	20,000
CIT 40 hour training	46	40	1,840
EMD & EPD Dispatch New Hire Training	8	295	2,360
Crisis Communication Training	46	60	2,760
Total CIT Division - After Year One			<u>532,045</u>
Total Four year Budget			<u>2,540,449</u>

Fort Bend County

1115 Waiver

Valuation Projections for Crisis Intervention Team Initiative

Annual Value of Avoided Costs Summary

\$	458,250	ER visits to Oakbend
	1,830,000	Jail Days
	566,400	EMS response calls
	1,162,900	State Hospital visits
	38,720	Personnel cost for transports
	39,552	Equipment cost for transports
\$	4,095,822	Total

Emergency Room costs for individuals with mental health needs

\$	3,000	Emergency Room patient cost at Oakbend
	611	Annual EMS transports to the ER (based on 2011)
	25%	Target to divert to local treatment - medication monitoring
	153	Annual ER visits avoided at Oakbend from EMS transports
\$	458,250	Value of avoided ER visits by Oakbend

Inmate Cost for individuals with mental health needs

\$	125	Inmate cost per day (\$74 base + \$51 mental health medication)
	1,600	Annual arrests (based on 2011)
	61	Average days in jail (based on 2011)
	97,600	Average total annual days in jail
	15%	Target to divert to treatment before booking
	14,640	Annual jail days avoided
\$	1,830,000	Value of avoided jail days

EMS Cost for individuals with mental health needs

\$	800	EMS cost per response call
	1,416	Annual response calls (based on May-Aug, 2012)
	50%	Target to divert before response call
	708	Annual response calls avoided
\$	566,400	Value of avoided response calls

State Hospital Cost for individuals with mental health needs

\$	401	Average cost per day
	29	Average number of days per commitment
	200	Annual transports to State Hospital (based on 2011)
	5,800	Annual commitment days
	50%	Target to divert to local treatment - medication monitoring
	2,900	Annual commitment days avoided
\$	1,162,900	Value of avoided commitment days

Personnel costs for transports of individuals with mental health needs

\$	40	Hourly over-time rate for transport officer including benefits
	1,936	Annual transport hours (based on 2011)
	50%	Target to divert to local treatment - medication monitoring
	968	Annual transport hours avoided
\$	38,720	Value of avoided transport hours

Equipment costs for State Hospital transports for individuals with mental health needs

\$	0.55	Transport vehicle mileage reimbursement rate
	143,825	Annual transport miles (based on 2011)
	50%	Target to divert to local treatment - medication monitoring
	71,913	Annual transport miles avoided
\$	39,552	Value of avoided transport miles

Fort Bend County

1115 Waiver

Funding for Crisis Intervention Team Initiative

Total Annual Funding available	\$ 3,250,000
Less Valuation assigned to Access to Care	<u>(699,320)</u>
Funding available for CIT Initiative	2,550,680
IGT - County Match (42%)	<u>1,071,286</u>
Net funds available for CIT Initiative	1,479,394
Year one Program Budget	<u>944,314</u>
Year one funding available for other initiatives	<u><u>\$ 535,080</u></u>

Fort Bend County
1115 Waiver
Budget for Access to Care Initiative

Annual Access to Care			
Position - Community Health Worker	3	48,000	144,000
Fees for service visits	200	210	42,000
Transportation to service visits	200	50	<u>10,000</u>
Total Annual Access to Care			<u><u>196,000</u></u>
Total Four year Budget			<u><u>784,000</u></u>

Fort Bend County

1115 Waiver

Valuation Projections for Access to Care Initiative

Annual Value of Avoided Costs Summary

\$	96,750	ER visits for Indigent Healthcare patients
	103,250	Inpatient Hospital Days for Indigent Healthcare patients
	499,320	EMS response calls
\$	699,320	Total

Emergency Room costs for indigent healthcare patients

\$	3,000	Emergency Room patient cost at Oakbend
	129	Annual Inigent Healthcare visits to the ER (based on 2012 actual)
	25%	Target to divert to local treatment - FBFH
	32	Annual ER visits avoided at Oakbend from EMS transports
\$	96,750	Value of avoided ER visits by Oakbend

Inpatient Hospital Costs for Indigent Healthcare Patients

\$	1,400	Inpatient Daily hospital Cost
	295	Annual Inpatient hospital days
	25%	Target to divert to local treatment - FBFH
	74	Annual ER visits avoided at Oakbend from EMS transports
\$	103,250	Value of avoided ER visits by Oakbend

EMS Cost for calls that were not necessary

\$	800	EMS cost per response call
	4,161	Annual EMS calls not required
	15%	Target to divert before response call
	624	Annual response calls avoided
\$	499,320	Value of avoided response calls

Fort Bend County

1115 Waiver

Funding for Access to Care Initiative

Total Annual Funding available based on Valuation	\$ 699,320
IGT - County Match (42%)	<u>293,714</u>
Net funds available for Access to Care Initiative	405,606
Year one Program Budget	<u>196,000</u>
Year one funding available for other initiatives	<u><u>\$ 209,606</u></u>